

5. The practitioner should not attend, or dress, cases of erysipelas when attending women in labour; and should much less make autopsies of such cases.

In conclusion we may remark, we conceive it to have been shown that puerperal fever is often contagious, and the erysipelatous form remarkably so; and that these two diseases have the same origin, one and the same contagion operating in the production of both.

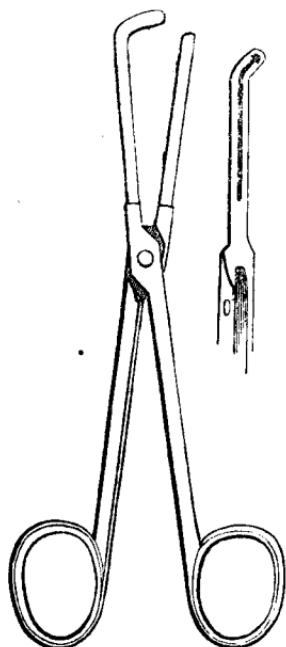
ART. V.—*Description of a New Operation for the Cure of Hemorrhoids.*
By M. AMUSSAT, M. D., of Paris. [With a wood-cut.]

REFLECTING on the number of accidents which have occurred after the operations for the cure of internal hemorrhoids, and there being, also, at this time, a general reprobation of the operation of excision, on account of the evils to which it has given rise, I was led to think that the same end might be obtained by ligature, without exposing the patient to the very unfavourable chances of excision.

For a long time I employed exclusively the ligature, and of a great number of operations performed by me not one terminated fatally, though I observed some inconvenience to result from that method of treatment. In 1842, the

discovery of the solidified caustic of Vienna, suggested to me the idea of recurring to cauterization in order to avoid the nervous accidents which sometimes take place in consequence of the constriction produced by the ligature, and likewise to simplify an operation, the necessity of which is so often felt. During several years cauterization was performed on a great number of patients with the caustic of M. Filhos, *i. e.*, with a cylinder composed of potassa and lime solidified; and the effects of this operation were much more simple than those of the operation by ligature.

In the month of April, 1844, my son, M. Alphonse Amussat, thought that cauterization of the hemorrhoid *en masse* might be advantageously replaced by the circular cauterization of its pedicle. To attain this end he had made, by M. Charrière, various porte-caustic forceps. Those which I prefer (see accompanying figure), are nothing more than dressing



forceps, whose extremities form two little cylinders of about four centimetres in length, and two or three millimetres in diameter, upon each of which has been cut, parallel to its axis, a deep groove intended to receive the caustic of Dr. Filhos, or a paste made of the same caustic pulverized and a little alcohol. The following is an account of a case operated upon by this method, and contains the details of the operation.

M. D—, æstat. 60, of a good constitution, had enjoyed excellent health until 1840. At this epoch he felt, for the first time, some uneasiness about the rectum, accompanied by a slight loss of blood. From that time the same phenomena appeared rather frequently, especially after the fatiguing labour which his position required him to undergo. The patient thought that he had a prolapsus of the rectum, and he applied a bandage with a pad, which embarrassed him very much when he walked. Finally, during the present year, (1845,) the pain and inconvenience which his disease caused him having become more frequent, he determined to consult a surgeon.

Dr. Pouget, who usually attended the family, applied to me on the 14th of July, and I proposed to rid the patient of two hemorrhoidal tumours; these, and not a prolapsus of the rectum, as M. D— had imagined, being the sole cause of the pain which he suffered. The 16th was fixed upon for the operation, as he was to prepare himself for it by taking a mild cathartic and subjecting himself to a strict diet.

July 16th. M. D—, after returning an enema which he had just taken, made strong expulsive efforts as if to go to stool; two internal hemorrhoidal tumours could then be seen of the size and form of a large bean, situated upon the lateral portion of the rectum, at a short distance from the anal orifice, likewise two external ridges corresponding to the internal hemorrhoids. The patient having placed himself on the right side, I seized the left hemorrhoid, the larger of the two, with my porte-caustic forceps, and held it in this manner during a minute and a half. I then opened it with scissors in the direction of its length to empty it of the little blood which it contained, and still holding it with the forceps, cauterized its interior with a cylinder of Filhos caustic. At the expiration of half a minute more the operation was finished. Injections were made in order to remove the particles of caustic which adhered to the surrounding parts, and the patient got immediately into a hip-bath which had been prepared beforehand.

The patient remained several hours in the bath without experiencing any sharp pain and without having the least feverish excitement; he passed a good night, and the next day felt but very slight pain. The cauterized hemorrhoid was flat, blackish, like a true eschar, and the laminæ resulting from the incision were perfectly distinct. Strict diet and a slightly astringent drink were prescribed in order to avoid stools which might have caused the hemorrhoid to fill before the time necessary for its elimination should have elapsed. The following days the patient was subjected to the

same regimen, viz., frequent hip-baths, injections and cataplasms, with no other nourishment than a little broth. The seventh day the hemorrhoid came away in pieces after a moderate stool, and without causing the patient any suffering. The eighth day M. D.— felt very well. In place of the destroyed hemorrhoid was seen a little linear cicatrix about three millimetres in length, surrounded by a small reddish areola, with a slight suppuration. The other hemorrhoid seemed to have diminished in size, and its surface was slightly inflamed.

During the seven days preceding the fall of the cauterized hemorrhoid M. D.— had several stools, small in quantity, and almost liquid, provoked by injections, but the process of elimination was in no wise altered by them. In the course of the treatment the patient having several times complained of a painful point near the left external projection, I made with a lancet a slight incision, which gave issue to a red granular matter, the escape of which gave the patient relief. Some days after I destroyed the second hemorrhoid by the same method, with the omission, however, of the longitudinal incision, which omission rendered the process of elimination a little more painful. About the middle of the month of August the patient was entirely cured.

PARIS, Nov., 1845.

[We are indebted to Dr. Henry Selden, of Norfolk, Va., through whom M. Amussat transmitted to us this very interesting paper for publication, for the translation of it here given.—ED.]

ART. VI.—*Extra-Uterine Pregnancy—Retention of the Fœtus fifteen years in the cavity of the abdomen, during which time the patient was delivered of a full-grown child at term—removal of the extra-uterine fœtus—complete recovery.* By THOMAS H. YARDLEY, M. D., Consulting Physician to the Lying-in Department of the Northern Dispensary.

M. G., aged 44 years, of leucophlegmatic temperament, accustomed to much exposure and hard work, applied to me for advice in the early part of August, 1844. She had considerable fever, and complained of pain in the lower part of the abdomen, where a large tumour could be distinctly felt. She said this lump had been there for many years: that it gave her very little inconvenience, except when she lifted heavy burdens or took cold, and then a few days' rest and a mild aperient would remove the unpleasant symptoms. She refused to submit to the necessary examination to ascertain the extent and locality of the tumour, and the usual antiphlogistic treatment was adopted.

I continued to visit her occasionally till the end of the year, by which